

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	INO.	DEF.	INO.	DEF.	INO.	DEF.
1	1					
2						
3						
4						
6						
6						
7						
8						
9	1					
10	1					
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19	1					
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22	1					
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47						
48						
49						
60						
TOTAL INO.	5					
TOTAL DEF.	17					
TOTAL	22					

	INO.	DEF.	INO.	DEF.	INO.	DEF.
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TOTAL INO.						
TOTAL DEF.						
TOTAL						